

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL INFORMATION	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State, Zip			Business Telephone
	Have you ever applied for employment with us? ( ) Yes ( ) No If Yes: Month and Year Location			Pay Expected
	Position Desired			Are you of the legal age to work? ( ) Yes ( ) No
	Apart from absence for religious observance, are you available for full-time work? ( ) Yes ( ) No If not, What hours can you work?			Will you work over time if asked? ( ) Yes ( ) No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			

EDUCATION	School	Name and Location of School	Course of Study	No. of Years completed	Did you Graduate?	Degree or Diploma
	Graduate				( ) Yes ( ) No	
	College				( ) Yes ( ) No	
	Business Trade Technical				( ) Yes ( ) No	
	High School				( ) Yes ( ) No	
	Elementary				( ) Yes ( ) No	

<b>Membership in Professional or Civic Organizations</b> (Exclude those which may disclose your race, color, religion or national origin)

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer

1	Company Name	Telephone
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe York Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe York Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe York Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe York Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>	
	Employer Number (s) _____	Reason _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces?      ( ) Yes    ( ) No	If "Yes," In what Branch?
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Describe any training received relevant to the position for which you are applying.